

1
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28
FILED

2008 JUN -5 A 10:21

RICHARD W. WIERING
CLERK
U.S. DISTRICT COURT
NO. DIST. OF CA. S.D.

COURT HOUSING UNIT
SAN BAY STATE PRISON
UNIT C-2

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA

Jaime Estrada J25281
Plaintiff)
vs.)
Michael Sayre MD. CMD)
Linda Rowe MD Defendant.)

15

C 08 02801 MMC
CASE NO.

PRISONER'S
APPLICATION TO PROCEED
IN FORMA PAUPERIS

I, Jaime Estrada, declare, under penalty of perjury that I am the plaintiff in the above entitled case and that the information I offer throughout this application is true and correct. I offer this application in support of my request to proceed without being required to prepay the full amount of fees, costs or give security. I state that because of my poverty I am unable to pay the costs of this action or give security, and that I believe that I am entitled to relief.

In support of this application, I provide the following information:

1. Are you presently employed? Yes No

If your answer is "yes," state both your gross and net salary or wages per month, and give the name and address of your employer:

Gross: _____ Net: _____

Employer: _____

1
O O

C-2

USING UNIT

STATE PRISON
DEPARTMENT OF CORRECTIONS AND REHABILITATION
SAN FRANCISCO BAY AREA

If the answer is "no," state the date of last employment and the amount of the gross and net salary and wages per month which you received. (If you are imprisoned, specify the last place of employment prior to imprisonment.)

Frito Lays warehouse San Francisco
Valley California

2. Have you received, within the past twelve (12) months, any money from any of the following sources:

- a. Business, Profession or self employment Yes No
- b. Income from stocks, bonds, or royalties? Yes No
- c. Rent payments? Yes No
- d. Pensions, annuities, or life insurance payments? Yes No
- e. Federal or State welfare payments, Social Security or other government source? Yes No

If the answer is "yes" to any of the above, describe each source of money and state the amount received from each.

21 _____
22 _____

3. Are you married? Yes No

24 Spouse's Full Name: Maria Elena Ortega

25 Spouse's Place of Employment: N/A

26 Spouse's Monthly Salary, Wages or Income:

27 Gross \$ N/A Net \$ N/A

28 4. a. List amount you contribute to your spouse's support: \$ None

b. List the persons other than your spouse who are dependent upon you for support and indicate how much you contribute toward their support. (NOTE: For minor children, list only their initials and ages. DO NOT INCLUDE THEIR NAMES.).

No one - N/A

5. Do you own or are you buying a home? Yes No

8. Estimated Market Value: \$ _____ Amount of Mortgage: \$ _____

9. 6. Do you own an automobile? Yes No

10. Make _____ Year _____ Model _____

11. Is it financed? Yes No If so, Total due: \$ _____

12. Monthly Payment: \$ _____

13. 7. Do you have a bank account? Yes No (Do not include account numbers.)

14. Name(s) and address(es) of bank: _____
15. _____

16. Present balance(s): \$ _____

17. Do you own any cash? Yes No Amount: \$ _____

18. Do you have any other assets? (If "yes," provide a description of each asset and its estimated market value.) Yes No
19. _____

21. 8. What are your monthly expenses? At the moment I have no
22. Rent: \$ N/A Money - Utilities: N/A

23. Food: \$ N/A Clothing: N/A

24. Charge Accounts:

Name of Account	Monthly Payment	Total Owed on this Account
	\$	\$
	\$	\$
	\$	\$

UNIT C-2

SECURE HOUSING UNIT

STATE PRISON

1 9. Do you have any other debts? (List current obligations, indicating amounts and to
2 whom they are payable. Do not include account numbers.)

3 Restitution

4 \$ 500. — A little over \$500⁰⁰

5
6 10. Does the complaint which you are seeking to file raise claims that have been presented
7 in other lawsuits? Yes No

8 Please list the case name(s) and number(s) of the prior lawsuit(s), and the name of the court in
9 which they were filed.

10 N/A

11
12 I consent to prison officials withdrawing from my trust account and paying to the court
13 the initial partial filing fee and all installment payments required by the court.

14 I declare under the penalty of perjury that the foregoing is true and correct and
15 understand that a false statement herein may result in the dismissal of my claims.

16
17 4-23-2008
18 DATE


SIGNATURE OF APPLICANT

19
20 Case Number: _____

21

22

23

24

25

26

27

28

1 Case Number: _____
2
3
4
5
6
7
8
9
10
11
12
13
14
15
16
17
18
19
20
21
22
23
24
25
26
27
28

CERTIFICATE OF FUNDS
IN
PRISONER'S ACCOUNT

I certify that attached hereto is a true and correct copy of the prisoner's trust account statement showing transactions of _____ for the last six months at (prisoner's name) _____ where (s)he is confined.
(name of institution)

I further certify that the average deposits each month to this prisoner's account for the most recent 6-month period were \$ _____ and the average balance in the prisoner's account each month for the most recent 6-month period was \$ _____.

Dated: _____ (Authorized officer of the institution)

1 Case Number:
2
3
4
5
6

7 **CERTIFICATION OF FUNDS**
8
9
10

11 **IN**
12
13

14 **PRISONER'S ACCOUNT**
15
16
17
18

19 I certify that attached hereto is a true and correct copy of the prisoner's trust account
20 statement showing transactions of Jaime Estrada J25281 for the last six months at
21 Pelican Bay State Prison where he is confined.
22
23

24 I further certify that the average deposits each month to this prisoner's account for the
25 most recent 6-month period were \$7.50 and the average balance in the prisoner's account each
26 month for the most recent 6-month period was \$15.26. (20% = \$3.05)
27
28

Dated: 5/6/08

L. Carr and Syp
Authorized officer of the institution



29 THE WITHIN INSTRUMENT IS A CORRECT
30 COPY OF THE TRUST ACCOUNT MAINTAINED
31 BY THIS OFFICE.
32 ATTEST: 5-6-08
33 CALIFORNIA DEPARTMENT OF CORRECTIONS
34 BY S. Kleppin
35 TRUST OFFICE

CALIFORNIA DEPARTMENT OF CORRECTIONS
PELICAN BAY STATE PRISON
INMATE TRUST ACCOUNTING SYSTEM
INMATE TRUST ACCOUNT STATEMENT

FOR THE PERIOD: NOV. 01, 2007 THRU MAY 06, 2008

ACCOUNT NUMBER : J25281
ACCOUNT NAME : ESTRADA, JAIME
PRIVILEGE GROUP: DBED/CELL NUMBER: CF02U 000000215L
ACCOUNT TYPE: I

TRUST ACCOUNT ACTIVITY

TRAN	DATE	CODE	DESCRIPTION	COMMENT	CHECK NUM	DEPOSITS	WITHDRAWALS	BALANCE
	11/01/2007		BEGINNING BALANCE					0.00
	11/20*DD30	CASH DEPOSIT	2274 #98			45.00		45.00
	12/04 FC04	DRAW-FAC 4	2426 C-2				43.50	1.50
	12/12 W502	POSTAGE CHARG	2546				0.02	1.48
			ACTIVITY FOR 2008					
	01/17 W516	LEGAL COPY CH	3063				0.10	1.38
	01/17 W516	LEGAL COPY CH	3066				1.20	0.18
	02/14 W502	POSTAGE CHARG	3565				0.02	0.16
	02/14 W502	POSTAGE CHARG	3565				0.02	0.14
	02/14 W502	POSTAGE CHARG	3565				0.02	0.12
	02/14 W502	POSTAGE CHARG	3565				0.02	0.10
	02/14 W502	POSTAGE CHARG	3565				0.02	0.08
	03/06 W502	POSTAGE CHARG	3907				0.08	0.00

* RESTITUTION ACCOUNT ACTIVITY

DATE SENTENCED: 07/18/94
COUNTY CODE: MERCASE NUMBER: 18574
FINE AMOUNT: \$ 1,400.00

DATE	TRANS.	DESCRIPTION	TRANS. AMT.	BALANCE
11/01/2007		BEGINNING BALANCE		635.92
11/20/07	DR30	REST DED-CASH DEPOSIT	50.00-	585.92

* THIS STATEMENT DOES NOT REFLECT THE ADMINISTRATIVE FEE CHARGE THAT *
* IS EQUAL TO TEN PERCENT OF THE RESTITUTION AMOUNT COLLECTED. *

TRUST ACCOUNT SUMMARY

BEGINNING BALANCE	TOTAL DEPOSITS	TOTAL WITHDRAWALS	CURRENT BALANCE	HOLDS BALANCE	TRANSACTIONS TO BE POSTED
0.00	45.00	45.00	0.00	0.00	0.00



THE WITHIN INSTRUMENT IS A CORRECT
COPY OF THE TRUST ACCOUNT MAINTAINED
BY THIS OFFICE.
ATTEST: 5-6-08
CALIFORNIA DEPARTMENT OF CORRECTIONS
BY S. Kleppin
TRUST OFFICE

CURRENT
AVAILABLE
BALANCE

0.00